



**State Employees' Charitable Campaign**  
**CAMPAIGN REPORT ENVELOPE**  
**MAXIMUM 50 FORMS PER ENVELOPE**

**FOR UNITED WAY USE ONLY**

Account Number: \_\_\_\_\_

Partial ☐ Final ☐

**PLEASE COMPLETE:**

DEPARTMENT: \_\_\_\_\_

DIVISION: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

PREPARER'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PREPARER'S PHONE NUMBER: \_\_\_\_\_

PREPARER'S EMAIL: \_\_\_\_\_

**Please complete for ENCLOSED pledges only.**

Pledge Summary	# Of Donors	Total Contributions	Payments Enclosed
Payroll Deduction		\$	
Cash/Check Pledges (Submit all checks & cash with report envelope)		\$	\$
Special Events		\$	\$
<b>Total Contributions</b> (Summary of all Lines)		\$	\$

**RECEIPT SIGNATURES:**

Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Captain: \_\_\_\_\_ Date: \_\_\_\_\_

SECC Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Keep a Copy for Your Records**

**SEND COMPLETED ENVELOPE TO:**  
**SECC Administrator**  
**c/o The Linden Building, Third Floor**  
**625 North Orange Street**  
**Wilmington, DE 19801**